

WRITE IN INK—THIS IS A PERMANENT RECORD—
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each,
the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>51</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>50</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. <u>3512 Turkey Shoot</u>	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Annie Acosta</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>7</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>Feb 3-1923</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Teophila Acosta</u>		Full maiden name <u>Maria Estrada</u>	
9. Residence (Usual place of abode) <u>Miami - Ariz.</u>		15. Residence (Usual place of abode) <u>Miami - Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>36</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Wmango</u>		18. Birthplace (city or place) <u>Wmango</u>	
(State or country) <u>Mexico</u>		(State or country) <u>Mexico</u>	
13. Occupation <u>Timber keeper</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>7-</u>		(a) Born alive and now living <u>7</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7:45</u> P. m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>Feb 19, 23</u> <u>Charles E. Davis</u>	
		Local Registrar.	
Registrar. _____		Filed <u>3/5</u> , 19 <u>23</u> <u>A. J. Fox</u>	
		County Registrar.	

111-203-451